Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	W	RELESS TR	ANSMISSIO	N MODULE	3		•			
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:									
Information -	The specification was filed on						as			
For Use Without	United States Appli	cation Number			(if applicable) and/or					
Specification Attached:	and amended on	s filed on		-			(if applicable	and/or		
Attached.	International Application Number				as PCT ; and was					
	amended on							plicable)		
							· .	. ,		
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.									
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.									
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention									
	thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having									
	a filing date before that or Prior Foreign Applica	or the applicatio	n on which pric	ority is claim	ed:					
Insert Priority	Thor Toreign Applica	don(s)					Priority (Jaimed		
Information:	2003-109292	Japan		<u>A</u>	pril 14, 20	003	\boxtimes			
(if appropriate)	(Number)	(Country)		(1	Month/Day	y/Year Filed)	Yes	No		
	(Number)	(Country)		<u></u>	Month/Dav	y/Year Filed)	Yes	IJ No		
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	(Nambon)	(Carantons)		77	4. 4.75	/2/ F:1 1)				
	(Number)	(Country)		(1	Month/Day	y/Year Filed)	Yes	No		
	(Number)	(Country)		(1	Month/Day	y/Year Filed)	Yes	No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.									
Insert Provisional										
Application(s): (if any)	(Application Number)				(Filing Date)					
	(Application Number) (Filing Date)									
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		Application Nu	ımber		Date of Filing (Mon	th/Day/Year)			
Insert Requested Information: (if appropriate)								` 		
	I hereby claim the benef continuation-in-part app disclosed in the prior Un Code, §112, I acknowled Federal Regulations, §1. international filing date of	ited States and/ lge the duty to 56 which becar	or PCT applica disclose inform ne available be	isofar as the tion in the m nation which	subject ma anner prov is material	itter of each of the clided by the first para	laims of this appligraph of Title 35,	lication is not United States		
nsert Prior U.S.										
Application(s): (if any)	(Application Number)		(Filing Date)			(Status - patented, p	pending, abandon	ed)		
Page 1 of 2 (Rev. 07/2003)	(Application Number)		(Filing Date)		•	(Status - patented, p	ending, abandon	ed)		

Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First or Sole Inventor: ssert Name of Inventor	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*							
Inventor → sert Date This Document is Signed	Shikio YOSHIDA	Shilgo Yoshida.		April 1, 2004							
nsert Residence	Residence (City, State & Country)		CITIZENSHI								
nsert Citizenship →	Nara-Shi, Nara, Japan	Japanese									
isert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)										
Address →	4-540-10-211, Gakuennaka, Nara-Shi, Nara, Japan										
ull Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*							
	Akiteru DEGUCHI	Akitery Deaudil		April 1, 2004							
	Residence (City, State & Country)	7	CITIZENSHI	·							
	Yamatokoriyama-Shi, Nara, Japan	Japanese									
	MAILING ADDRESS (Complete Street Address including City, State & Country)										
	13-31-203, Minoyama-Cho, Yamatokoriyama-Shi, Nara, Japan										
ull Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*							
, see above											
	Residence (City, State & Country)		CITIZENSHI	P							
	MAILING ADDRESS (Complete Street Address including City, State & Country)										
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ull Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*							
see above											
	Residence (City, State & Country)		CITIZENSHI	P P							
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	MAILING ADDRESS (Complete Street Address including City, State & Country)										
all Name of Fifth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*							
Inventor, if any: see above		INVERVIOUS SIGNATURE		DATE							
	Residence (City, State & Country)		CITIZENSHI	<u> </u> 							
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	MAILING ADDRESS (Complete Street Address including City, State & Country)										
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Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*							
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